

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 02/05/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/06/2007						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM H/DD/SAS	21	3045	DUPLICATE OF CLAIM-SYSTEM				
		8599	1025	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	25	6389	6522	133
		8505	486	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404904	WESTERN HIGHLAN DS LME	11	118	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8654	9	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	0	129	1898	1769
		8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404910	PATHWAYS	11	397	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	117	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	19	670	2612	1856
		8534	97	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	14	2990	2976
		10	3	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404913	MECKLENBURG COM ENTAL HEALT	8599	2210	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	1579	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	121	4734	29543	24809
		10	326	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404916	CROSSROADS BEHA VIOAL HEAL	8518	21	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8532	18	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	0	79	4724	4645
		79	15	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM AN SERVICES	11	291	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	697	6065	5368
		8000	44	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				

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3404919	GUILFORD CO MEN TAL HEALTHC	8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	38	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	1	143	4428	4285
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1306	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	1567	3954	2387
		21	81	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	5312	1645	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	1327	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	4416	8578	4162
		11	482	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	21	295	DUPLICATE OF CLAIM-SYSTEM				
		8952	128	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	26	785	6688	5903
		8622	112	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404923	FIVE COUNTY MH	11	282	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	47	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	550	4806	4256
		3411	46	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404925	SANDHILLS CENTE R FOR MH/DD	21	311	DUPLICATE OF CLAIM-SYSTEM				
		8599	297	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	161	1475	13804	12329
		3412	140	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	203	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		23	127	SERVICE REQUIRES PRIOR APPROVA L	3	811	10590	9779
		8599	116	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404927	CUMBERLAND CO M HC	8950	45	CLIENT ONLY ENROLLED IN TRACKI NO POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP				
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	176	3054	2878
		11	20	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404930	JOHNSTON COUNTY MNTL HLTHC	10	47	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	124	4535	4411
		120	26	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404931	WAKE CO HUM SVC BILLING OF	8599	169	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE	11	398	12558	12160
		8621	31	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	523	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	455	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	1759	10187	8428
		8329	193	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404934	ONSLow CARTERET BEHAV HEAL	8599	537	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	447	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	1560	3962	2402
		21	249	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8534	3	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	16	963	947
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	21	20	DUPLICATE OF CLAIM-SYSTEM				
		8518	18	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	51	1672	1621
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404939	NEUSE MENTAL HE ALTH CENTER	8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	15	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	76	2087	2011
		8654	8	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404941	PITT CO MH/DD/S AS CENTER	27	125	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
		191	61	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	230	3650	3420
		120	17	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	10	9	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8654	7	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	0	34	368	334
		11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTA L HEALTH CE	21	273	DUPLICATE OF CLAIM-SYSTEM				
		1588	66	CLAIM DENIED. TREATMENT HAS B REN RENDERED BY ANOTHER PROVIDER FOR THIS DATE	19	522	3547	3025
		8599	52	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	20	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	37	150	6953	6803
		8621	18	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	518	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8537	208	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	1087	4613	3526
		8800	119	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404957	TIDELAND MENTAL HEALTH CTR	8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	67	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	42	203	1811	1608
		8931	42	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404979	NEW RIVER AREAM	8505	813	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		11	206	CLIENT NOT ELIGIBLE ON SERVICE	0	1086	1914	828
				DATE				
		167	30	NO CHARGE BILLED. ENTER BILLED				
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				